ANNUAL REPORT
2003–2004

AADAC
Alberta Alcohol and Drug Abuse Commission
An Agency of the Government of Alberta

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I. INTRODUCTION

The Alberta Alcohol and Drug Abuse Commission (AADAC) is a Crown agency of the Government of Alberta reporting to the Minister of Health and Wellness. AADAC funds programs and services that address alcohol, other drugs and gambling problems, and undertakes related research.

The *AADAC Annual Report 2003–2004* provides a comprehensive accounting of AADAC's activities and achievements for 2003–2004. The first section describes AADAC's organization and operations. The second section discusses the Commission's three core businesses (information, prevention and treatment) and results achieved relative to the *AADAC Corporate Business Plan 2003/2004–2005/2006*. The final section presents financial information for the 2003–2004 fiscal year. AADAC also presents a summary of its achievements in the Annual Report of the Ministry of Health and Wellness.[1]

[1] Alberta Ministry of Health and Wellness (2004). Alberta Health and Wellness Annual Report 2003-2004 Section 1. Edmonton, AB: Author.

II. MESSAGE FROM THE CHAIR

On behalf of the Alberta Alcohol and Drug Abuse Commission (AADAC) Board and staff, it is my privilege to present the AADAC Annual Report for 2003–2004.

Problems with alcohol, other drugs and gambling are far-reaching. Whether it is a personal concern, or difficulty experienced by a family member or friend, issues associated with alcohol, other drugs and gambling present serious challenges.

AADAC and its Funded Agencies provide a comprehensive range of services and programs that help reduce the harms associated with alcohol, other drugs and gambling. In 2003–2004, AADAC provided information and prevention services to more that 95,000 people and treatment services to more than 29,000 people.

AADAC's success in 2003–2004 was supported by many activities. For example, AADAC announced the opening of the Calgary Opiate Dependency Program in collaboration with Calgary Health Region. This expansion promotes greater accessibility to the program, especially for clients living in southern Alberta. AADAC also opened a satellite office in Airdrie to better meet the needs of individuals and families living in this growing community.

In 2003–2004, AADAC released results from The Alberta Youth Experience Survey 2002. The survey provided province-wide information on substance use and gambling by Alberta students in grades 7 to 12. AADAC also released the report, *Substance Use and Gambling in the Alberta Workplace 2002*, which provides updated estimates of alcohol and other drug use in the workplace along with baseline estimates of employee tobacco use and gambling.

As part of the provincial Early Childhood Development Initiative and in support of AADAC's Enhanced Services for Women (ESW), AADAC developed *The Help Kit* to assist community professionals to better screen, intervene and refer pregnant women to treatment programs. In addition, AADAC introduced a series of posters to increase awareness of the risks associated with substance use during pregnancy.

AADAC continued to lead and coordinate core elements of the Alberta Tobacco Reduction Strategy (ATRS). A multimedia tobacco reduction campaign targeting 12- to 14-year-olds and their parents was launched. The campaign included three television ads, youth prevention posters and a brochure designed to help parents talk to their children about tobacco. Evaluation results confirmed the success of the television ads. In conjunction with Alberta Learning, AADAC also distributed the video *Barb Tarbox: A Life Cut Short By Tobacco* to 2,500 Alberta schools. This video portrays the anti-smoking message that Barb Tarbox delivered to students during her speaking tour.

During 2003–2004, AADAC contributed to cross-ministry policy initiatives by actively participating on committees for the Health Sustainability Initiative, the Alberta Children and Youth Initiatives (ACYI) and the Aboriginal Policy Initiative.

AADAC's work is valued by Albertans. As reported in AADAC's 2003 Public Opinion Survey, 87% of Albertans who were aware of AADAC considered the work of the Commission important in helping Albertans achieve freedom from the harmful effects of alcohol, other drugs and problem gambling.

AADAC's vision and the dedication of its staff enable the Commission to deliver effective information, prevention and treatment services throughout the province. AADAC continues to respond to the needs of Albertans who are experiencing substance abuse and gambling problems, and AADAC is a key partner in sustaining and improving the health and well-being of individuals, families and communities across Alberta.

Marlene Graham

Marlene Graham Q.C.

Member of the Legislative Assembly
Chair, Alberta Alcohol and Drug Abuse Commission

III. OVERVIEW

AADAC ORGANIZATION

The Alberta Alcohol and Drug Abuse Commission (AADAC) is a Crown agency of the Government of Alberta and reports to the Minister of Health and Wellness. The *Alcohol and Drug Abuse Act*[1] authorizes AADAC to operate and fund programs and services that address alcohol, other drugs and gambling problems, and to undertake related research.

AADAC contributes to the health and well-being of Albertans. To succeed, AADAC focuses on the person and provides opportunities for the individual to build on their strengths and abilities. AADAC also focuses on the family and community to help build their capacity to identify and address challenges associated with substance use and gambling.

Vision

AADAC's vision is...

"A healthy society that is free from the harmful effects of alcohol, other drugs and gambling."

Mission

AADAC's mission is...

"Making a difference in people's lives by assisting Albertans to achieve freedom from the harmful effects of alcohol, other drugs and gambling."

Values

- *We value people, treat them with respect and believe in their ability to succeed.*
- *We value individuals, families and communities as partners in addressing addiction problems.*
- *We value staff and their knowledge, skills, creativity, initiative and expertise.*
- *We value service delivery that is grounded in research and experience.*

[1] Alcohol and Drug Abuse Act, RSA 2000, c. A-38.

AADAC Organization Chart

Commission Board

The AADAC Commission Board provides policy direction and sets priorities for the organization. Up to 12 commissioners are appointed by the Lieutenant Governor in Council. The Chair is a member of the Legislative Assembly. The Commission reports to the Government of Alberta through the Honourable Gary Mar, Minister of Health and Wellness. In 2003–2004 the members of the Commission Board were:

Ms. Marlene Graham, MLA, Chair	Calgary-Lougheed
Mr. Allen Dietz, Vice Chair	Galahad
Ms. Eunice Gowanlock	Forestburg
Mr. Ed Johnston	Water Valley
Mr. Peter Kossowan	Edmonton
Mr. Jack Laverick	Red Deer
Mrs. Deborah Lloyd	Medicine Hat
Mr. Jon Netelenbos	Calgary
Mrs. Paulette Patterson	Grande Prairie
Mr. Duncan Stewart	Edmonton
Mr. Len Webber	Calgary

The Commission Board has two standing committees:

Audit Committee – responsible for reviewing and making recommendations to the Board on the Business Plan, audited financial statements, audit reports and systems of internal controls; approving the Annual Report of the Commission; and, managing the Memorial Trust Fund.

Policy Review Committee – responsible for developing and reviewing evidenced-based policies, positions and perspectives on alcohol, other drugs and gambling and providing policy recommendations to the Board.

Chief Executive Officer

The Lieutenant Governor in Council appoints the Chief Executive Officer (CEO). The CEO provides leadership for the Commission, and advice and consultations to the Minister, Chair and Commissioners.

Chief Executive Officer: Murray Finnerty
Phone: 780-427-2837
Fax: 780-423-1419
E-mail: murray.finnerty@aadac.gov.ab.ca

Program Services

Manages the delivery of province-wide addiction outpatient counselling, intensive day treatment programs, detoxification and residential treatment programs, prevention and specialized services, including :

District and Youth Services – provides a comprehensive range of services through specialized youth centres based in Edmonton and Calgary and through area offices located in communities throughout the province. Includes mobile outreach services to targeted youth sites across the province.

Provincial Services – coordinates AADAC's participation in key cross-government initiatives including the Alberta Tobacco Reduction Strategy and administers grants to community-based Funded Agencies who deliver addiction information, prevention and treatment services throughout the province.

Residential Services – provides detoxification (Edmonton, Grande Prairie and Calgary) and treatment services (Edmonton, Grande Prairie and Claresholm), including the Business and Industry Clinic (Grande Prairie), which assists employers with specialized workplace substance use concerns and treatment for individuals with cocaine addiction.

Urban Services – provides information, prevention and treatment services through clinics based in Edmonton, Red Deer and Calgary, and through outreach and satellite offices located near these cities. Includes the province-wide Opiate Dependency Program based in Edmonton and Calgary.

Information Services

Manages and provides information about alcohol, other drug and gambling issues, and AADAC services:

Communications and Resource Development – promotes AADAC services, coordinates responses to emerging issues and media inquiries, and develops and manages information, prevention and treatment resources.

Information Management – manages the AADAC System for Information and Service Tracking (ASIST) and the Knowledge and Information Management strategy.

Policy and Business Planning – develops policies and positions on alcohol, other drug and gambling topics and coordinates the business planning process.

Research Services – undertakes research to inform evidence-based decision-making, effectiveness and accountability of AADAC's programs and services.

Corporate Services

Coordinates the management of the Commission's support services:

Financial Services – provides financial and facilities management including budget and forecast services, risk management and insurance administration.

Human Resource and Learning Services – provides human resource programs and services including recruitment, benefit administration, and consultation on the *Freedom of Information and Protection of Privacy Act* and the disclosure of provisions of the *Alcohol and Drug Abuse Act*. Learning Services develops and manages strategies for staff development and provides learning opportunities for the public and allied professionals.

Information Technology Services – manages and supports AADAC's network infrastructure and desktop services, IT security, systems development and website development.

National Research Coordination

Represents AADAC on federal and interprovincial addiction policy and research initiatives.

AADAC OPERATIONS

Core Businesses

AADAC fulfills its mission through three core businesses:

Information – AADAC provides information on alcohol, other drug and gambling issues, and AADAC services. Albertans and other stakeholders receive evidence-based information on best practice, current issues and emerging trends. AADAC clinics and offices offer reports, brochures, videos, posters and other resource materials. Information on substance abuse, gambling problems and AADAC services is also accessible on AADAC's website at www.aadac.com.

Prevention – AADAC provides programs and services that help individuals, families and communities avoid harm associated with alcohol, other drug and gambling by enhancing protective factors and reducing risk factors. Prevention services include early intervention, education and training programs.

Treatment – AADAC provides programs and services that help Albertans improve or recover from the harmful effects of alcohol, other drugs and problem gambling. Services include community-based outpatient counselling and day programs as well as short- and long-term residential treatment services that provide a structured environment that assists dependent clients in their recovery. Crisis services include detoxification, emergency

counselling, referrals and over night shelter. Specialized programs are available for youth, women, men, Aboriginal peoples, business and industry referrals and those with opiate dependency. A toll-free, 24-hour Help Line is available province-wide at 1-866-33AADAC (1-866-332-2322).

Services Provided by AADAC and Community Agencies Funded by AADAC

AADAC clinics, area offices, institutions and funded agencies are located in 49 communities throughout the province. Service reach is extended through the use of satellite offices and mobile teams, and through partnership with community agencies. Albertans have access to basic services where they and their families live and work, with more specialized services available on a regional and provincial basis.

The following chart gives the type and location of AADAC and Funded Agency Services available throughout Alberta.

	Shelter	Detoxification	Problem Gambling Stabilization	Residential Intensive Treatment	Day Treatment	Adult Outpatient	Youth Outpatient	Youth Intensive Treatment	Residential Treatment (long-term)	Prevention/ Education	Notes
Airdrie											
AADAC Satellite Office						■	■			■	
Athabasca											
AADAC Area Office						■	■			■	
Barrhead											
AADAC Area Office						■	■			■	
Blairmore											
AADAC Area Office Crowsnest Pass						■	■			■	
Bonnyville											
Bonnyville Indian Metis Rehabilitaton Centre*				26 beds							Aboriginal-based**
Brooks											
AADAC Area Office						■	■			■	
Calgary											
AADAC Opiate Dependency Program						■					
AADAC Youth Services Centre					■		■	■		■	8 residential support beds available
Adult Counselling & Prevention Services					■	■				■	
Aventa*		6 beds		20 beds	■	■			10 beds	■	women and families, youth residential support beds, 10 transitional housing beds
Calgary Alpha House Society*	55 mats AD	20 beds AD									adults
Distress Centre*						■	■			■	
Sunrise Native Addictions Services Society*				29 beds	■	■	■		7 beds	■	Aboriginal adults** youth
Recovery Acres (Calgary) Society*				12 beds AD	■ AD	■ AD			19 beds AD		men, 10 transitional housing beds
Renfrew Recovery Detoxification Centre		40 beds AD									24 hour
Calling Lake											
NCSA Addictions Program*						■	■			■	Aboriginal adults and youth*
Camrose											
AADAC Area Office						■	■			■	
Canmore											
AADAC Area Office						■	■			■	
Claresholm											
Lander Treatment Centre				48 beds AD							adults

AADAC is committed to providing Albertans with current information about its full range of service. Contact your nearest AADAC office or AADAC Funded Service for further information or visit our Web site at www.aadac.com

All AADAC offices and AADAC Funded Services provide alcohol, drug and gambling services unless otherwise indicated

A Alcohol services provided **D** Drug services provided **G** Gambling services provided * A service funded by AADAC ** These funded services also take non-Native referrals

Airdrie

Athabasca

Barrhead

Blairmore

Bonnyville

Brooks

Calgary

Calling Lake

Camrose

Canmore

Claresholm

	Shelter	Detoxification	Problem Gambling Stabilization	Residential Intensive Treatment	Day Treatment	Adult Outpatient	Youth Outpatient	Youth Intensive Treatment	Residential Treatment (long-term)	Prevention/ Education	Notes
Cochrane											
AADAC Satellite Office						■	■			■	
Cold Lake											
AADAC Area Office						■	■			■	
Elizabeth Metis Settlement*						■	■			■	Aboriginal-based**
Drayton Valley											
AADAC Area Office						■	■			■	
Drumheller											
AADAC Area Office						■	■			■	
Grace House (Drumheller Society for Recovery)*									11 beds AD		men
Edmonton											
AADAC Opiate Dependency Program						■					
AADAC Recovery Centre		42 beds AD									24 hour
AADAC Youth Services					■	■	■	■		■	8 residential beds, 2 crisis stabilization beds
Adult Counselling & Prevention Services					■	■				■	
George Spady Centre Society*	72 mats AD	20 beds AD									adults, 24 hour
Henwood Treatment Centre			2 beds G	72 beds AD							adults, M & F gender specific
Jellinek Society*									15 beds AD		men 18+
McDougall House Association*									14 beds AD		women 18+, 2 stabilization beds for pregnant women
Pawâtinikêw's Lodge Outpatient*						■	■			■	Aboriginal-based**
Problem Gambling Resources Network (Alberta)*										■ G	
Recovery Acres (Edmonton) Society*									34 beds		men 18+
Edson											
AADAC Area Office						■	■			■	
Fishing Lake											
Fishing Lake Metis Settlement*						■	■			■	Aboriginal-based**
Fort MacLeod											
Foothills Detox Centre*	10 mats AD	12 beds AD									adults
Fort McMurray											
AADAC Area Office						■	■			■	
Pastew Place Detoxification Centre*		10 beds AD								■	adults
Grande Prairie											
AADAC Area Office						■	■			■	
AADAC Business & Industry Clinic				24 beds AD							includes a specialized cocaine program

> > Grande Prairie

	Shelter	Detoxification	Problem Gambling Stabilization	Residential Intensive Treatment	Day Treatment	Adult Outpatient	Youth Outpatient	Youth Intensive Treatment	Residential Treatment (long-term)	Prevention/ Education	Notes
Grande Prairie											
AADAC Northern Addictions Centre											
Detox		20 beds									adults
Residential Treatment Services				19 beds							adults
		AD		AD							
Cool Aid Society of Grande Prairie*										■	youth
										AD	
High Level											
AADAC Area Office						■	■			■	
Action North Recovery Centre*				16 beds							adults, Aboriginal-based**
				AD							
High Prairie											
AADAC Area Office						■	■			■	
Metis Indian Town Alcohol Association (MITAA)*	10 mats	12 beds				■	■			■	
	AD	AD				AD	AD			AD	
High River											
AADAC Satellite Office						■	■			■	
Hinton											
AADAC Area Office						■	■			■	
Boys and Girls Club of Hinton*										■	youth
										AD	
Lac La Biche											
AADAC Area Office						■	■			■	
Leduc											
AADAC Satellite Office						■	■			■	
Lethbridge											
AADAC Area Office						■	■			■	
South Country Treatment Centre*				21 beds	■	■					adults
Southern Alcare Manor*									25 beds		adults
Lloydminster											
Walter A. "Slim" Thorpe Recovery Centre*		6 beds		40 beds	■	■	■			■	adult residential. Adults and youth outpatient
					AD						
Medicine Hat											
AADAC Area Office						■	■			■	
Medicine Hat Community Detox Service*		■									home-based detox service
		AD									
Peace River											
AADAC Area Office						■	■			■	
MITAA Peace River Outpatient*						■	■			■	
Peerless Lake											
Peerless Lake Healing Centre*						■	■			■	
Provost											
AADAC Satellite Office						■	■			■	

Cochrane

Cold Lake

Drayton Valley

Drumheller

Edmonton

Edson

Fishing Lake

Fort MacLeod

Fort McMurray

Grande Prairie

	Intake	Detoxification	Withdrawal Management Community Outreach	Residential Intensive Treatment	Day Treatment	Adult Outpatient	Youth Outpatient	Youth Intensive Treatment	Residential Treatment (long term)	Prevention Education	Notes
Grande Prairie											
										■	
High Level						■	■			■	
High Prairie						■	■			■	
						■	■			■	
High River						■	■			■	
Hinton						■	■			■	
										■	
Lac La Biche						■	■			■	
Leduc						■	■			■	
Lethbridge						■	■			■	
					■	■					
Lloydminster					■	■	■			■	
Medicine Hat						■	■			■	
		■									
Peace River						■	■			■	
						■	■			■	
Peerless Lake						■	■			■	
Provost						■	■			■	

	Youth	Detoxification	Rehabilitation Continuing Care	Residential Intensive Treatment	Day Treatment	Adult Outpatient	Youth Outpatient	Youth Intensive Treatment	Residential Treatment Long Term	Prevention Education	Notes
Red Deer						■	■			■	
						■	■			■	
Rocky Mountain House						■	■			■	
Sherwood Park						■	■			■	
Slave Lake						■	■			■	
Stony Plain						■	■			■	
Strathmore						■	■			■	
St. Albert						■	■			■	
										■	
										■	
St. Paul						■	■			■	
Stettler						■	■			■	
Valleyview						■	■			■	
Vegreville						■	■			■	
Wabasca						■	■			■	
Wainwright						■	■			■	
Wetaskiwin						■	■			■	
Whitecourt						■	■			■	

Provincial Services and website

www.aadac.com

1-866-332-2322

1-866-332-2322

	Shelter	Detoxification	Problem Gambling Stabilization	Residential Intensive Treatment	Day Treatment	Adult Outpatient	Youth Outpatient	Youth Intensive Treatment	Residential Treatment (long-term)	Prevention/ Education	Notes
Red Deer											
AADAC Counselling and Prevention Services						■	■			■	
Nwachiihaw Aboriginal Addiction Counselling Service*						■	■			■	Aboriginal adults and youth
Rocky Mountain House											
Rocky Native Friendship Centre*						■	■			■	adults and youth**
Sherwood Park											
AADAC Satellite Office						■	■			■	
Slave Lake											
AADAC Area Office						■	■			■	
Stony Plain											
AADAC Satellite Office						■	■			■	
Strathmore											
AADAC Satellite Office						■	■			■	
St. Albert											
AADAC Satellite Office						■	■			■	
Nechi Training, Research & Health Promotions Institute*										■	training for counsellors and administrators
Poundmaker's Lodge Treatment Centre: Adult Residential Treatment Program*				47 beds						■	Aboriginal adults**
St. Paul											
AADAC Area Office						■	■			■	
Stettler											
AADAC Area Office						■	■			■	
Valleyview											
MITAA Valleyview Outpatient*						■	■			■	
Vegreville											
Veg Al-Drug Society*						■	■			■	adults and youth
Wabasca											
NCSA Addictions Program* youth**						■	■			■	Aboriginal adults and
Wainwright											
AADAC Area Office						■	■			■	
Wetaskiwin											
AADAC Area Office						■	■			■	
Whitecourt											
AADAC Area Office						■	■			■	

Provincial Services and website

AADAC website	www.aadac.com
AADAC Help Line	1-866-332-2322
Smokers Help Line	1-866-332-2322

IV. 2003–2004 BUSINESS PLAN RESULTS

The *AADAC Corporate Business Plan 2003/2004–2005/2006*[1] and the Alberta *Health and Wellness Business Plan 2003–2006*[2] identifies AADAC's goals, strategies and planned actions for 2003–2004. The following provides a summary of AADAC's achievements and performance in 2003–2004 for each of the Commission's core business goals.

Core Business: Information

Goal

To inform Albertans about alcohol, other drug and gambling issues and AADAC services.

Achievements

AADAC released results from The Alberta Youth Experience Survey 2002. This province-wide survey of junior and senior high school students provides recent information on youth substance use and gambling in Alberta. The survey was developed in collaboration with Alberta Learning and other stakeholders. AADAC also released the report *Substance Use and Gambling in the Alberta Workplace 2002*. This study replicates research conducted by AADAC in 1992. Results provide updated estimates of alcohol and drug use in the workplace as well as baseline estimates of employee tobacco use and gambling.

AADAC is a key member of the Canadian Addiction Survey, National Advisory Committee. The Canadian Addiction Survey is being conducted to support the renewed Canadian Drug Strategy. Results will provide current provincial and national information on adult alcohol and illicit drug use. AADAC is also a key partner in the initiation of the Canadian Substance Abuse Cost Study, a national study of the social and economic costs associated with substance abuse.

In partnership with the Alberta Gaming and Liquor Commission (AGLC), AADAC continued to provide problem gambling intervention training for gaming vendors/operators in the province. In 2003–2004, 41 training session were offered to a total of 641 casino staff.

In 2003–2004, AADAC launched the *Truth About Tobacco* website. The site includes information on prevention and smoking cessation, and provides updates on the Alberta Tobacco Reduction Strategy programs and media campaigns.

[1] Alberta Alcohol and Drug Abuse Commission (April, 2003). *AADAC Corporate Business Plan 2003/2004-2005/2006*. Edmonton, AB: Author.

[2] Alberta Ministry of Health and Wellness (March, 2003). *Health and Wellness Business Plan 2003-2006*. Edmonton, AB: Author.

AADAC continued to enhance the AADAC System for Information and System Tracking (ASIST) to support operations, business planning and reporting. Upgrades focused on ad hoc reporting, expanding program reporting and converting applications to Microsoft's *.net* framework.

Performance Measure

Percentage of Albertans who are aware of AADAC services

Rationale – Albertans who are aware of AADAC services are more informed about where to get information, prevention and treatment services related to alcohol, other drugs and problem gambling.

Performance Measure

Number of visitors to AADAC websites

Rationale – Albertans visiting AADAC websites are more informed about the harms associated with substance use and problem gambling.

RESULTS

Performance Measure	Actual 2002–2003	Target 2003–2004	Actual 2003–2004
Percentage of Albertans who are aware of AADAC services[1]	89	70*	89
Number of visitors to AADAC websites[2]	286,455	5% increase	454,724

SOURCE

[1] AADAC Public Opinion Survey (2002–2003); Population Research Laboratory, University of Alberta 2004 Alberta Survey

[2] Alberta Innovation and Science (2002–2003, 2003–2004)

* The 2003/2004 target was based on AADAC Market Audit (2000) results as the 2002/2003 survey results were not available. The target for 2004/2005 has been realigned.

Discussion

In 2003–2004, AADAC exceeded both performance targets for its Information Business. Eighty-nine per cent (89%) of Albertans surveyed indicated they were aware of AADAC. The target was 70%.

The number of visitors to AADAC's websites increased 58.7%, well exceeding the target of a 5% increase. Introduction of the *Truth About Tobacco* website contributed to this result.

Core Business: Prevention

Goal

To prevent the development of, and reduce the harms associated with, alcohol, other drug and gambling problems.

Achievements

AADAC continued to lead and coordinate the Alberta Tobacco Reduction Strategy.

- AADAC implemented a multimedia tobacco reduction campaign that included prevention posters for youth and a brochure designed to help parents talk to their children about tobacco. The campaign also included three television ads targeting 12- to 14-year-olds and their parents. An evaluation of the media campaign indicated the television ads were very successful as measured by recall and resonance rates.

- To address tobacco use by youth, AADAC continued to provide the programs Teaming Up for Tobacco Free Kids, Building Leaders for Action in Schools Today (*BLAST*) and Youth Action. An independent evaluation of these programs suggests they represent best and promising practices in tobacco prevention.

- In March 2004, AADAC hosted a free conference for Alberta post-secondary students interested in tobacco reduction. Delegates who attended Unfiltered—The Truth About Tobacco on Campus learned about tobacco industry marketing activities, changes in smoking policy, how to work with college and university administration and the importance of local community action in tobacco reduction.

- In conjunction with Alberta Learning, AADAC distributed the video *Barb Tarbox: A Life Cut Short By Tobacco* to 2,500 Alberta schools. The video portrays the anti-smoking message that Barb Tarbox delivered to students during her speaking tour.

As part of the comprehensive School Strategy, AADAC distributed Leaps and Bounds, a curriculum-aligned resource for grades 5 and 6, and AADAC introduced redesigned websites for parents and teachers. AADAC promoted its school-based resources and services at teachers' conventions across the province. AADAC's mobile counsellors, based in schools throughout the province, continued to provide on-site services to at-risk students.

To support the Early Childhood Development Initiative and Enhanced Services for Women (ESW), AADAC developed *The Help Kit*. AADAC

provided training on this resource package which assists community professionals to better screen, intervene and refer pregnant women to treatment programs. AADAC also designed posters to increase awareness of the risks associated with substance use during pregnancy. *The Help Kit* and posters were released during National Addictions Awareness Week (NAAW). Through successful collaboration with community agencies, FSW outreach services became fully operational in Edmonton, Calgary and Grande Prairie during 2003–2004. Outreach services include direct assistance to pregnant/high-risk women and community prevention activities.

In partnership with Alberta Children's Services, the Alberta Medical Association and Alberta College of Physicians and Surgeons, AADAC supported the development and launch of a multimedia fetal alcohol spectrum disorder (FASD) prevention campaign.

AADAC and the Brewers of Canada continued to collaborate on the *Youth Alternative (YA!)* project. Ten community projects designed to reduce alcohol consumption among youth (15 to 17 years) in rural areas were funded. Evaluation of *YA!* projects indicated positive results such as substantial community activity in preventing alcohol abuse.

AADAC contributed to the development of collaborative community strategies designed to increase community capacity in preventing the harms associated with the use of illicit drugs (for example, methamphetamine).

Performance Measure

Prevalence of smoking among Alberata youth

Rationale – Because most long-term smokers start smoking at an early age, activities focusing on youth prevention are key to reducing the number of smokers in Alberta. A decline in the prevalence of smoking by Alberta youth will have positive long-term impacts on the health care system.

Performance Measure

Percentage of Alberta women who consumed alcohol during pregnancy

Rationale – Alcohol consumption during pregnancy can have long-term effects on childhood development. Offering a range of prenatal prevention programs can reduce the number of children born with lifelong disabilities such as fetal alcohol spectrum disorder (FASD).

RESULTS

Performance Measure	Actual 2000–2001	Target 2003–2004	Actual 2003–2004
Prevalence of smoking among Alberta youth[1]	17.9	16.0	13.9%
	Actual 2001	**Target 2003–2004**	**Actual 2002**
Self-reported alcohol consumption during pregnancy[2]	3.9	3.8	4.0

SOURCE:
[1] Canadian Community Health Survey, (2000–2001, 2003)
[2] Health Surveillance, Alberta Health and Wellness (2001, 2002)

Discussion

In 2003–2004, the target of 16% for prevalence of smoking among Alberta youth was met. Among Albertans age 12 to 19 who participated in the Canadian Community Health Survey, 13.9% reported they were current smokers. Results suggest that ongoing prevention activities are having a positive influence on the prevalence of smoking by Alberta youth.

The target of 3.8% of women consuming alcohol during pregnancy was not met. In 2002, 4.0% of Alberta women reported alcohol consumption during pregnancy. Previous results show minor fluctuations (4.0% in 2000; 3.9% in 2001) in the proportion of women who reported alcohol consumption during pregnancy, and these fluctuations may represent random error rather than actual change. Results do not measure problem use and include those who may have had a single drink during pregnancy.

Core Business: Treatment

Goal

To provide treatment programs and services that assist Albertans to improve or recover from the harmful effects of alcohol, other drug and gambling problems.

Achievements

In 2003–2004, AADAC increased the availability of addiction treatment services. AADAC opened the Calgary Opiate Dependency Program in collaboration with Calgary Health Region. This expansion promotes greater accessibility to the program, especially for clients living in southern Alberta. AADAC also opened a satellite office in Airdrie to better meet the needs of individuals and families living in this growing community. AADAC continued to collaborate with Regional Health Authorities to support delivery of addiction treatment services in health care settings.

AADAC introduced a pilot project at the Henwood Treatment Centre for residential clients who chose to receive treatment for their tobacco use along with treatment for their alcohol, other drug or gambling concerns. Preliminary evaluation results indicated that about half the clients participating in the tobacco cessation pilot quit smoking.

AADAC increased funding to service providers offering tobacco cessation programs. Fifteen Young Adult Tobacco Reduction Grants were awarded to community groups for the development of innovative tobacco-related programs, policies and projects targeted at 18- to 24-year-olds. Six Regional Health Authorities and two community agencies also received funding for research on issues related to smoking during pregnancy. AADAC continued to fund *Kick the Nic* youth tobacco cessation programs and AADAC's tobacco reduction counsellors provided "train the trainer" sessions for the programs.

AADAC continued to provide crisis counselling and referral through the toll-free AADAC Help Line. Evaluation of the consolidation of AADAC's help line services through the Capital Health Authority HealthLink suggests that it has been successful as demonstrated by an increase in the total volume of calls.

Performance Measure

Percentage of clients who are satisfied with AADAC treatment services

Rationale – To increase the probability of success, it is important that treatment programs meet the needs and expectations of clients receiving

these services. Therefore, AADAC monitors client satisfaction with treatment services received.

Performance Measure

Percentage of clients reporting they were improved following treatment

Rationale – AADAC offers a continuum of treatment services that address the individual needs of clients. The intended outcome of treatment services is client abstinence or an improved level of recovery. AADAC measures client improvement following treatment to ensure that programs are effective.

RESULTS

Performance Measure	Actual 2001–2002	Actual 2002–2003	Target 2003–2004	Actual 2003–2004
Percentage of clients who are satisfied with AADAC treatment services[1]	95	95	95	96
Percentage of clients reporting they were improved* following treatment[1]	93	94	93	93

source:
[1] AADAC Treatment Follow-up Survey database

*Improvement was indicated if clients were "abstinent" or "improved" three months after treatment.

In 2003–2004, the target of 95% for client satisfaction with treatment services was exceeded. Ninety-six per cent (96%) of clients reported they were "somewhat satisfied" or "very satisfied" with the treatment services received. The high level of satisfaction suggests treatment programs are meeting the expectations of clients.

The target of 93% for clients reporting improvement following treatment was met. Ninety-three per cent (93%) of clients reported improvement three months after treatment. As treatment services achieved the intended outcome of abstinence or improved level of recovery, results indicate treatment programs are effective.

Corporate Initiatives

Cross Ministry Initiatives

Health Sustainability Initiative – AADAC is a key partner in the Health Sustainability Initiative (HSI) and participated on the Partnering Deputies Committee as well as various sub-committees including the Healthy Aging Task Group and the Low Income Working Group. In addition, AADAC was actively involved in both the Family Violence and Mental Health Diversion Projects. Activities carried out by the Commission through the Alberta Tobacco Reduction Strategy, Enhanced Services for Women and the AADAC Youth Strategy also contributed to the HSI.

Alberta Children and Youth Services Initiative – AADAC is a member of the Alberta Children and Youth Services Initiative (ACYI) Partnering Deputies Committee, and the ACYI Coordinating Committee, and in 2003–2004 the Commission participated on the Provincial Protection of Children Involved in Prostitution (PChIP) Committee, the Aboriginal Suicide Prevention Strategies Working Committee and the Provincial Young Offenders Mental Health Services Committee. AADAC also co-led with Alberta Children's Services the Alberta FASD (fetal alcohol spectrum disorder) Cross-Ministry Committee and, as a member of the Canada Northwest FASD Partnership, helped to organize the 2003 Canada Northwest FASD Partnership Conference: Our Communities...Our Strength.

Economic Development Strategy – In support of the Economic Development Strategy, AADAC participated on the Alberta Advisory Committee on Impairment in the Workplace. In addition, AADAC continued to operate the Business and Industry Clinic in Grande Prairie, which offers a specialized treatment program for employees with substance use problems.

Aboriginal Policy Initiative – AADAC contributed to the Aboriginal Policy Initiative (API) through continued participation on the Interdepartmental Committee responsible for the API. AADAC supported the development of the Aboriginal Policy Checklist designed to assist Ministries in working with Aboriginal communities. AADAC funded four new community addiction initiatives: Cold Lake Native Friendship Centre, Muskosagayigun Cultural Centre, Oldman River Cultural Centre and Lac la Biche Native Friendship Centre. As part of the Aboriginal Tobacco Use Strategy, AADAC approved 25 community grants to deliver prevention, education and cessation programs to Aboriginal Albertans living off reserve. An Aboriginal Guiding Circle provides advice to

the strategy. AADAC staff also presented at the 10th Knowing Our Spirits conference, an Aboriginal health promotion conference.

Government Administrative Initiatives – As part of the Corporate Human Resource Development Strategy and Plan, AADAC participated on the Human Resource Director's Council and the Corporate Employee Survey Advisory Committee. To support the Corporate Information Management/Information Technology Strategy, AADAC established a core set of addiction links for the Service Alberta website and developed a corporate knowledge/information management strategy for AADAC. AADAC also participated in the implementation of Alberta SuperNet.

Human Resource Development

AADAC's annual CEO Awards of Excellence and the Recognition of Service Awards were held to acknowledge staff's contributions to the organization. Teams recognized during the awards were the AADAC Tobacco Reduction Unit, AADAC Youth Advisory Staff Mentors, AADAC School Strategy Team and the Action Team—AADAC Youth Services Calgary.

AADAC participated in the 2003 Alberta Government Corporate Employee Survey. Eighty-nine per cent (89%) of AADAC staff reported that they were satisfied in their work as employees with AADAC. Based on results from the 2002 Employee Survey, AADAC introduced a number of initiatives to address workplace environment and workload issues including a corporate flu shot program, an updated employee smoking cessation program, ergonomic assessments, flexible work schedules in defined settings and the addition of employment assistance program (EAP) coverage for immediate family members.

AADAC introduced a competency framework to support employee performance management and leadership continuity. Staff submitted eighty-three (83) leadership continuity plans expressing interest in developmental opportunities for supervisory or management positions. In addition, AADAC developed a 56-course core training curriculum for staff and allied professionals to support ongoing professional development.

Organizational Effectiveness

AADAC continued to address organizational effectiveness during 2003–2004 through enhancements in corporate and clinical practice including new websites, prevention resources, treatment programs and AADAC's Human Resource Development Strategy. In addition, AADAC monitored emerging issues, trends and addiction best practice, and evaluated programs and strategies to determine their effectiveness (for example, *YA!* and the Alberta Tobacco Reduction Strategy).

AADAC worked with other government ministries and departments to ensure the delivery of addiction information, prevention and treatment services. For example, AADAC chaired the Provincial Advisory Committee on Illicit Drug Use and participated on the Solicitor General's Cross Ministry Working Group on Methamphetamine.

AADAC initiated a three-year Concurrent Disorders Project focused on developing AADAC's capacity to meet the needs of clients with concurrent disorders. Initial activities included the establishment of a Clinical Advisory Committee, development of a Concurrent Disorders Assessment Tool and a course on concurrent disorders available to AADAC staff and allied professionals.

The Commission was a member of the Interdepartmental Committee on Family Violence and Bullying. AADAC staff also attended Alberta Roundtable on Family Violence and Bullying sessions held throughout the province.

During 2003–2004, AADAC continued to be involved with the Non-Prescription Needle Use (NPNU) project. AADAC participated on the Youth and Public Awareness Task Groups and chaired the Addictions Task Group and the Opioid Dependency Program Task Group. AADAC also continued its sponsorship of the annual provincial harm reduction conference (the fourth annual Alberta Harm Reduction Conference).

Summary

Information – Performance targets for information services were exceeded. In 2003–2004, 89% of Albertans were aware of AADAC, and the number of visitors to AADAC's websites increased 54.7%.

Key activities that supported the Information Core Business included release of The Alberta Youth Experience Survey 2002 and the Substance Use and Gambling in the Alberta Workplace 2002, the introduction of the *Truth About Tobacco* website and advice on the development and implementation of the Canadian Addiction Survey.

Prevention – One performance target for prevention services was exceeded and one was not met. In 2003–2004, the prevalence of smoking among Alberta youth was 13.9% and 4.0% of Alberta women reported alcohol consumption during pregnancy.

Key activities that supported the Prevention Core Business included distribution of *Leaps and Bounds* and the *Help Kit*. Collaboration with the Brewers of Canada on the *Youth Alternative (YA!)* project and coordination of the Alberta Tobacco Reduction Strategy were other key achievements.

Treatment – The performance targets for treatment services were exceeded or met. Ninety-six per cent (96%) of clients reported they were "somewhat satisfied" or "very satisfied" with services received and 93% of clients reported they were "abstinent" or "improved" three months after treatment.

Key activities that supported the Treatment Core Business included the opening of Calgary Opiate Dependency Program and the satellite office in Airdrie. AADAC also increased funding to service providers offering tobacco cessation programs.

Corporate initiatives include AADAC's cross-ministry work and human resource development. AADAC continued to contribute to key cross-government initiatives such as the Health Sustainability Initiative, Alberta Children and Youth Initiative, Economic Development Strategy, Aboriginal Policy Initiative and the Government Administrative Initiative. In addition, AADAC continued to address organizational effectiveness through its Human Resource Development Strategy.

Conclusion

AADAC builds on past success and, as demonstrated, continues to provide high quality information, prevention and treatment services to those dealing with alcohol, other drug, and gambling issues.

Addiction problems occur at all levels of society and within communities across the province. An expanding economy, a growing and diverse population, multiple drug use, increased gambling opportunities and new technologies are creating new challenges. AADAC is responding to these changing priorities by working collaboratively with stakeholders, remaining innovative in its service delivery, and providing programming based on research and best practice in the addiction field.

Addictions information, prevention and treatment services play a key role in sustaining the health and wellness of individuals and of families and communities across the province. AADAC has a strong presence in Alberta communities and will continue to collaborate with key stakeholders, working together to reduce the harms associated with alcohol, other drugs and problem gambling.

APPENDIX

Performance Measure Source

Core Business: Information

Awareness of AADAC: For 2002/2003, an independent private research contractor conducted the AADAC 2003 Public Opinion Survey. Data were collected through a telephone survey of 3,000 randomly selected Albertans aged 18 years and older (response rate = 29 per cent). The margin of error is ± 1.8 per cent, 19 times out of 20.

For 2003/2004, AADAC contracted the Population Research Laboratory, University of Alberta (2004 Alberta Survey), to ask about awareness of AADAC. Data were collected through telephone interviews of 1,207 randomly selected Albertans aged 18 years and older (response rate = 38.3%). The margin of error is ± 2.8 per cent, 19 times out of 20. Respondents for both surveys were asked: "Prior to me phoning you today, were you aware of the Alberta Alcohol and Drug Abuse Commission, or AADAC?"

Visitors to AADAC websites: Alberta Innovation and Science (2002–2003, 2003–2004). Distinct host statistics for AADAC websites.

Core Business: Prevention

Prevalence of smoking: Canadian Community Health Survey (CCHS), Cycle 1.1 (2000–2001). Daily and occasional smoking combined for Albertans 12 to19 years of age. The CCHS includes a sample of Albertans 12 years and older (n = 14, 456). The response rate at the national level was 84.7%.

Canadian Community Health Survey, Cycle 2.1 (2003). Daily and occasional smoking combined for Albertans 12-19 years of age. The CCHS includes a sample of Albertans 12 years and older (n = 13,871). The response rate at the national level was 80.6%. Excluded from CCHS sampling framework were residents of institutions, full-time members of the Canadian armed forces, residents of Indian reserves and of Crown lands, and residents of a few remote areas.

Consumption of alcohol during pregnancy: Health Surveillance, Alberta Health and Wellness (2001, 2002). Alberta's Vital Statistics, Notice of a Live or a Stillbirth (n = 36,723). Self-reported alcohol consumption during pregnancy.

Core Business: Treatment

Client satisfaction was assessed from two sources. Results were combined and weighted to provide total client satisfaction (n = 8,460).

(1) An independent private research contractor conducted follow-up telephone interviews with treatment clients (other than detoxification). Clients entering treatment services (excluding detoxification) were eligible for telephone interview selection. Based on annual client admissions, sample quotas were assigned to each treatment type. A random sample of 5,908 clients was telephoned three months after treatment completion. In total, 2,268 clients were interviewed and asked to rate their level of satisfaction with services received (response rate = 38.4%). The margin of error is ± 2.0%, 19 times out of 20.

(2) Client satisfaction with detoxification was measured by a self-administered feedback survey given to clients at the end of service. Of the 11,453 detoxification admissions, 6,192 surveys were returned (response rate = 54.1%).

Client improvement was assessed using the same process as in client satisfaction source (1) above. Number of clients interviewed, response rate and margin of error are as above. Clients were interviewed and asked about their level of substance use and gambling. Improvement was indicated if clients were "abstinent" or "improved" three months after treatment.

Long-Term Indicators

AADAC set 10-year targets in the *AADAC Corporate Business Plan 2003/04–2005/06* to measure long-term achievement of its business plans goals. AADAC was unable to report on the baseline measure for prevalence of illicit drug use among Albertans, as data was not available from the Canadian Addictions Survey. Long-term indicator results will be available in 2011–2012.

MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL REPORTING

The preparation of these financial statements and management's discussion and analysis contained in this annual report is the responsibility of management. The financial statements have been prepared in conformity with Canadian generally accepted accounting principles, using methods appropriate for the industry in which the Commission operates and necessarily include some amounts that are based on informed judgments and best estimates of management.

Management is responsible for maintaining a system of internal controls designed to provide reasonable assurance as to the reliability of financial information and to ensure Commission assets are safeguarded and liabilities are recognized. These control systems are subject to periodic review.

The Alberta Auditor General is responsible to express a professional opinion on these financial statements.

The Commission Board's Audit Committee, comprised of non-management Board members, oversees management's responsibilities for financial reporting. The Audit Committee meets regularly with management and Auditor General representatives to discuss auditing and financial matters, gain assurance that management is carrying out its responsibilities, and to review the financial statements. The auditors have full and free access to the Audit Committee.

R.M. Finnerty
Chief Executive Officer

Dave Buist, CMA
Director, Finance

V. FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2004

Auditor's Report

Statement of Financial Position

Statement of Operations

Statement of Cash Flows

Notes to the Financial Statements

Schedule of Revenues

Schedule of Expenses by Object and Core Business

Schedule of Allocated Costs

AUDITOR GENERAL
Alberta

AUDITOR'S REPORT

To the Members of the Alberta Alcohol and Drug Abuse Commission

I have audited the statement of financial position of the Alberta Alcohol and Drug Abuse Commission as at March 31, 2004 and the statements of operations and cash flows for the year then ended. These financial statements are the responsibility of the Commission's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Commission as at March 31, 2004 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Fred J. Dunn FCA
Auditor General

Edmonton, Alberta
May 21, 2004

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION

STATEMENT OF FINANCIAL POSITION

AS AT MARCH 31, 2004

	2004	2003
ASSETS		
Current Assets:		
Cash (Note 3)	$ 9,692,082	$ 9,725,713
Accounts Receivable	924,889	263,060
Inventory	660,898	515,423
	11,277,869	10,504,196
Capital Assets (Note 4)	290,825	279,315
	$ 11,568,694	$ 10,783,511
LIABILITIES AND ACCUMULATED SURPLUS		
Current Liabilities:		
Accounts Payable	$ 5,457,814	$ 5,425,534
Accrued Vacation Pay	3,355,000	3,104,000
Deferred Contributions (Note 6)	314,870	282,952
Unearned Revenue	29,603	30,664
	9,157,287	8,843,150
Accumulated surplus:		
At beginning of year	1,940,361	620,801
Net operating results	471,046	1,319,560
At end of year	2,411,407	1,940,361
	$ 11,568,694	$ 10,783,511

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION

STATEMENT OF OPERATIONS

FOR THE YEAR ENDED MARCH 31, 2004

	2004 Budget (Note 8)	2004 Actual	2003 Actual
Revenues (Schedule 1):			
Internal government transfers:			
Department of Health and Wellness	$ 57,855,000	$ 58,355,000	$ 56,322,000
Other revenues:			
Fees	1,638,000	1,491,578	1,511,019
Other	470,000	1,915,069	1,678,742
	59,963,000	61,761,647	59,511,761
Expenses – Directly Incurred: (Schedule 2 and 3, Note 2 (b))			
Programs:			
Community services	30,366,000	27,856,457	27,979,643
Residential treatment services	12,483,000	12,352,328	11,884,250
Detoxification services	8,154,000	7,924,195	7,724,907
Research, information and monitoring	6,990,000	10,553,418	8,071,133
Administration	1,970,000	2,353,203	2,183,268
Accrued vacation pay adjustment	-	251,000	349,000
	59,963,000	61,290,601	58,192,201
Net operating results	$ -	$ 471,046	$ 1,319,560

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED MARCH 31, 2004

	2004	2003
Operating Activities:		
Net operating results	$ 471,046	$ 1,319,560
Add non-cash charges:		
Amortization of capital assets	104,526	83,467
	575,572	1,403,027
(Increase) decrease in non-cash working capital	(493,167)	2,424,818
Cash provided by operating activities	82,405	3,827,845
Investing activities:		
Acquisition of capital assets	(116,036)	(162,584)
Net cash (used) provided	(33,631)	3,665,261
Cash at beginning of year	9,725,713	6,060,452
Cash at end of year	$ 9,692,082	$ 9,725,713

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2004

Note 1 Authority and Purpose

The Alberta Alcohol and Drug Abuse Commission (Commission) is an agent of the Crown under the authority of the Alcohol and Drug Abuse Act, Chapter A-38, Revised Statutes of Alberta 2000. The Commission is dependent on grants from the Department of Health and Wellness for funding its programs and for meeting its obligations as they become due.

The Commission's purpose is to assist Albertans in achieving a life free from the abuse of alcohol, other drugs and gambling. The Commission does this by providing community-based information, prevention and treatment services.

The Commission is a Government of Alberta agency and is not subject to Canadian taxes.

Note 2 Significant Accounting Policies and Reporting Practices

(a) Revenue Recognition

Operating grants from the Department are recognized as revenue when they are receivable.

Unrestricted donations are recognized as revenue when they are received. Donations of materials and services that would otherwise have been purchased are recorded at fair value when it can reasonably be determined.

Externally restricted donations are deferred and are recognized as revenue in the period in which the related expenses are incurred.

(b) Expenses

Directly Incurred

Directly incurred expenses are those costs the Commission has primary responsibility and accountability for, as reflected in the government's budget documents.

Note 2 Significant Accounting Policies and Reporting Practices (continued)

Directly incurred expenses are included on Schedules 2 and 3, as well as the Statement of Operations

Incurred by Others
Services contributed by other entities in support of the Commission's operations are disclosed in Schedule 3.

(c) Inventory

Inventory is valued at the lower of cost and replacement cost with cost being determined principally on a first-in, first-out basis.

(d) Tangible Capital Assets

Tangible capital assets are recorded at historical cost net of accumulated amortization. The threshold for capitalizing assets is $5,000. Amortization is provided over the estimated useful lives of the assets as follows:

Furniture and equipment	- 10 years straight-line
Computer equipment and software	- 3 years straight-line

(e) Pensions

The Commission participates in multiemployer pension plans with related government entities. Pension costs included in these statements comprise the cost of employer contributions for current service of employees during the year and additional employer contributions for service relating to prior years.

(f) Valuation of Financial Assets and Liabilities

Fair value is the amount of consideration agreed upon in an arm's length transaction between knowledgeable, willing parties who are under no compulsion to act.

The fair values of accounts receivable, accounts payable, accrued liabilities, and unearned revenues are estimated to approximate their book values. Subsequent actual amounts, which may vary from estimates, will impact future financial results.

Note 2 Significant Accounting Policies and Reporting Practices (continued)

(g) Financial Instruments

The Commission's financial instruments consist of cash, accounts receivable, accounts payable, and amounts due to related parties. Unless otherwise noted, it is management's opinion that the Commission is not exposed to significant interest, currency or credit risks arising from these financial instruments.

(h) Grants

For the years ended March 31, 2004 and 2003, direct financial assistance was given to 25 not-for-profit organizations operating at arms-length from the Commission.

Note 3 Cash

Cash consists of deposits in the Consolidated Cash Investment Trust Fund (Fund) of the Province of Alberta. The Fund is being managed with the objective of providing competitive interest income to depositors while maintaining maximum security and liquidity of depositors' capital. The portfolio is comprised of high-quality short-term and mid-term fixed income securities with a maximum term to maturity of three years.

Interest is earned on the Commission's daily cash balance at the average rate of the Fund's earnings, which vary depending on prevailing market interest rates. The Commission retains the interest earned on all of its bank accounts, and reflects it as income. Interest income of $567,759 (2003 $488,394) was earned during the year on this account and is reflected in the financial statements.

Due to the short-term nature of these deposits, the carrying value approximates fair value.

Note 4 Tangible Capital Assets

Capital assets consist of the following:

	2004			2003
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Computer equipment and software	$ 528,438	$ 359,729	$168,709	$176,118
Furniture and equipment	214,819	92,703	122,116	103,197
	$ 743,257	$ 452,432	$ 290,825	$ 279,315

Note 5 Commitments

(a) The Commission leases certain vehicles and equipment under operating leases that expire on various dates through to February 28, 2008. The aggregate amounts payable for the unexpired terms of these leases are as follows:

2004	$ 144,602
2005	$ 90,805
2006	$ 50,887
2007	$ 20,617

(b) The Commission has certain contractual obligations for contracts, which extend into 2005 and 2006. The value of the contractual obligation is $543,050 in 2005 and $20,600 in 2006.

Note 6 Deferred Contributions

Deferred contributions consist of unexpended funds from donations to the Memorial Trust. These are externally restricted contributions to be used to supplement the work of the Commission in the areas of research and education and to acquire capital assets. Changes in deferred contributions are as follows:

	2004	2003
Donation	$ 25,393	$ 36,148
Interest Earned	9,025	7,718
Transferred to Revenue	(2,500)	(4,750)
Increase during the year	31,918	39,116
Balance at beginning of year	282,952	243,836
Balance at end of year	$314,870	$282,952

Note 7 Pension Costs

The Commission participates in the multiemployer pension plans, Management Employee Pension Plan and Public Service Pension Plan. The Commission also participates in the multiemployer Supplementary Retirement Plan for Public Service Managers. The expense for these pension plans is equivalent to the annual contributions of $1,710,816 for the year ended March 31, 2004 (2003 $1,303,856) and is reflected in Employer Contributions on Schedule 2.

At December 31, 2003, the Management Employees Pension Plan reported an actuarial deficiency of $290,014,000 (2002 – actuarial deficiency $301,968,000) and the Public Service Pension Plan reported an actuarial deficiency of $596,213,000 (2002 – actuarial deficiency $175,528,000). At December 31, 2003, the Supplementary Retirement Plan for Public Service Managers had an actuarial surplus of $9,312,000 (2002 – actuarial surplus $6,472,000).

Note 8 Approvals

(a) Budget

The budget amounts shown on the statement of operations agree with the 2003/04 Government Estimates. The budget amounts shown on Schedules 1 and 2 provide additional revenue information and present expenses by object. The Members of the Commission approved these budgets on April 10, 2003.

The Treasury Board, pursuant to section 24(2) of the *Financial Administration Act*, approved increases in operating expenses relating to the Commissions surplus neutral initiatives. This increase brought the authorized budget for the Commission to $61,243,000.

(b) Financial Statements

These financial statements and accompanying notes were approved on June 17, 2004 by the Members of the Commission.

Note 9 Related Party Transactions

Related parties are those entities consolidated in the Province of Alberta's financial statements. Related parties also include management in the Commission.

For purposes of this schedule, the related parties are separated into "Entities in the Ministry" which includes only the Department of Health and Wellness, and "Other Entities".

Note 9 Related Party Transactions (continued)

The Commission and its employees paid and collected certain fees set by regulation for permits, licenses and other charges. These amounts were incurred in the normal course of business, reflect charges applicable to all users, and have been excluded from this schedule.

	Entities in the Ministry		Other Entities	
	2004	2003	2004	2003
Revenues:				
Grants	$58,355,000	$56,322,000	$ -	$ -
Expenses:				
Other Services	$ -	$ -	$ 820,752	$ 355,256
Receivable from	$ -	$ -	$ -	$ -
(Payable to)	$ -	$ -	$ (623,589)	$ (62,443)

The Commission also had the following transactions with related parties for which no consideration was exchanged. The amounts for these related parties are estimated based on the costs incurred by the service provider to provide the services. These amounts are not recorded in the financial statements and are disclosed on Schedule 3.

	Entities in the Ministry		Other Entities	
	2004	2003	2004	2003
Expenses:				
Legal Fees	$ -	$ -	$ 24,276	$ 33,277
Accommodation	-	-	7,046,260	6,192,361
	$ -	$ -	$7,070,536	$6,225,638

Note 10 Federal/Provincial Cost Sharing Agreements

The Province of Alberta recovers part of its contributions to the Commission from the Government of Canada under the Alcohol and Drug Treatment and Rehabilitation (ADTR) agreement and records this recovery in the financial statements of the Department of Health and Wellness. The ADTR claim relating to the Commission's activities for the year ended March 31, 2004 amounts to approximately $1,340,000 (2003 $1,340,000).

Note 11 Salaries, Wages, Benefits and Allowances

	2004				2003
	Base Salary [a]	Other Cash Benefits [b]	Other Non-cash Benefits [c]	Total	Total
Current Executives					
Chairman of the Board [d]	$ 15,256	$ -	$ -	$ 15,256	$ 15,256
Board Members [e]	37,190	-	-	37,190	34,558
Chief Executive Officer [f]	136,188	25,532	34,256	195,976	204,152
Executive Director, Program Services	128,364	18,231	31,763	178,358	169,677
Executive Director, Information Services [h]	92,956	9,360	18,465	120,781	102,879
Executive Director, Corporate Services [h]	96,228	10,266	20,300	126,794	114,114
Director, Provincial Initiatives	95,592	2,688	20,839	119,119	111,473
Director, Urban Services [h]	101,976	2,904	22,403	127,283	125,629
Director, Residential Services	103,548	11,025	21,767	136,340	120,460
Director, District and Youth Services [h]	87,460	2,280	18,030	107,770	-
Director, National Research Coordination [h]	95,166	2,688	19,555	117,409	110,497
Director, Corporate Services [g, h]	65,516	17,825	16,125	99,466	118,058
Director, Human Resources & Learning [h]	-	-	-	-	-

(a) Base Salary includes pensionable base pay.

(b) Other cash benefits include bonuses, vacation payments, overtime, and lump sum payments.

(c) Other non-cash benefits include the Commission's share of all employee benefits and contributions or payments made on behalf of employees including pension, health care, dental coverage, group life insurance, short and long-term disability plans, tuition fees, conference fees, and professional memberships.

(d) A new chairperson was appointed during the year.

(e) There were nine Board members in both years.

(f) An amount has not been included in benefits and allowances for the automobile provided to the Chief Executive Officer.

(g) Other cash benefits amounts include vacation payouts totaling $15,137 (2003 $19,825).

(h) The Commission reorganized its corporate structure in December 2003. The former Director of Information Services became an Executive Director, and now has responsibility for Research Services. The former Director of Research is now the Director, National Research Coordination. The Director of Community and Youth Services is now the Director of Urban Services. There is a new Director of District and Youth Services. The Director of Corporate Services position was eliminated and replaced with Directors of Information Technology Services and Financial Services. Those positions now report to a new position, the Executive Director of Corporate Services, which also has responsibility for Human Resources and Learning Services. The Directors of Finance, Information Technology Services, and Human Resource and Learning Services are not members of the senior decision making group and their salaries are not disclosed.

Schedule 1

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION
SCHEDULE OF REVENUES
FOR THE YEAR ENDED MARCH 31, 2004

	2004		2003
	Budget	Actual	Actual
Internal government transfers:			
Department of Health and Wellness	$ 57,855,000	$ 58,355,000	$ 56,322,000
	57,855,000	58,355,000	56,322,000
Other revenues:			
Fees:			
Clients	1,538,000	1,474,910	1,427,064
Seminars	100,000	16,668	83,955
	1,638,000	1,491,578	1,511,019
Other:			
Donations	-	39,248	12,816
Publications	40,000	32,770	36,003
Miscellaneous - Contracted Services	-	1,151,879	994,774
- Interest Income (Note 3)	325,000	567,759	488,394
- Sundry & Misc. at Residential sites	105,000	98,791	123,497
- General	-	24,622	23,258
	470,000	1,915,069	1,678,742
Total revenues	$ 59,963,000	$ 61,761,647	$ 59,511,761

Schedule 2

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION
SCHEDULE OF EXPENSES BY OBJECT and CORE BUSINESS
FOR THE YEAR ENDED MARCH 31, 2004

	2004		2003
EXPENSES BY OBJECT	**Budget**	**Actual**	**Actual**
Manpower:			
Salaries	$ 26,327,000	$ 26,197,166	$ 22,950,927
Employer Contributions	4,594,000	4,721,118	4,098,725
Wages	1,853,000	2,968,776	3,093,324
Allowances and benefits	368,000	250,128	185,876
	33,142,000	34,137,188	30,328,852
Grants:			
Direct financial assistance to agencies	12,412,000	13,156,184	10,801,867
Other:			
Profession, technical, and labor service	9,836,000	6,076,305	10,931,420
Materials and supplies	2,382,000	2,685,077	2,768,178
Travel and relocation	811,000	973,297	1,122,391
Advertising	349,000	2,571,322	760,175
Rentals	345,000	349,318	324,863
Telephones	302,000	344,099	325,919
Voluntary separation payments	-	249,991	32,959
Freight and postage	78,000	100,765	173,640
Board members' fees	39,000	52,446	49,814
Purchased services - other	38,000	323,525	188,453
Repair and maintenance	37,000	42,027	170,610
Insurance	35,000	22,982	17,232
Amortization	132,000	104,526	83,467
Hosting	25,000	48,631	49,734
Bad debts	-	39,032	45,348
Other operating expenses	-	13,886	17,279
	14,409,000	13,997,229	17,061,482
	$59,963,000	$ 61,290,601	$ 58,192,201

Schedule 2 (continued)

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION

SCHEDULE OF EXPENSES BY OBJECT and CORE BUSINESS

FOR THE YEAR ENDED MARCH 31, 2004

	2004		2003
EXPENSES BY CORE BUSINESS	**Budget**	**Actual**	**Actual**
Core Business:			
Treatment	$38,299,000	$39,860,850	$37,570,520
Information	12,106,000	12,539,723	11,807,380
Prevention	9,558,000	8,890,028	8,814,301
	$59,963,000	$61,290,601	$58,192,201

Schedule 3

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION

SCHEDULE OF ALLOCATED COSTS

FOR THE YEAR ENDED MARCH 31, 2004

	2004					2003
		Expenses Incurred by Others				
	Expenses[a]	Accrued Vacation Pay Adjustment	Legal Services[b]	Accommodation costs[c]	Total Expenses	Total Expenses
Programs:						
Community services	$ 27,856,457	$ 142,565	$ -	$ 2,513,656	$ 30,512,678	$ 30,617,579
Residential treatment services	12,352,328	38,441	-	2,041,828	14,432,597	14,242,521
Detoxification services	7,924,195	21,026	-	2,072,231	10,017,452	8,950,211
Research information and monitoring	10,553,418	28,297	-	298,961	10,880,676	8,305,677
Administration	2,353,203	20,671	24,276	119,584	2,517,734	2,301,851
	$ 61,039,601	$ 251,000	$ 24,276	$ 7,046,260	$ 68,361,137	$ 64,417,839

[a] Expenses – Directly Incurred as per Statement of Operations excluding Accrued Vacation pay.

[b] Cost shown for Legal Services in Note 9, allocated by estimated cost incurred by each program.

[c] Costs shown for Accommodation (includes grants in lieu of taxes) in Note 9, allocated by square footage.

AADAC

Annual Report Summary

AADAC

105-01723/

INTRODUCTION

The Alberta Alcohol and Drug Abuse Commission (AADAC) is mandated by the *Alcohol and Drug Abuse Act* to operate and fund programs and services that address alcohol, other drug and gambling problems, and to conduct related research.

AADAC is a Crown agency of the Government of Alberta and is governed by a Board of up to 12 Commissioners appointed by the Lieutenant Governor in Council. AADAC's Chair is a Member of the Legislative Assembly. The Commission Board provides policy direction for the agency and reports to the Minister of Health and Wellness.

AADAC clinics, area offices, institutions and funded agencies are located in 49 communities throughout the province. AADAC makes available basic services to Albertans in local communities where they live and work and provides access to more specialized services on a regional and provincial basis. AADAC extends its services through satellite offices and mobile teams, and through partnership with community agencies.

In 2003-2004, AADAC had more than 95,000 contacts for information and prevention services and provided more than 29,000 people with treatment service.

Vision

A healthy society that is free from the harmful effects of alcohol, other drugs and gambling.

Mission

Making a difference in people's lives by assisting Albertans to achieve freedom from the harmful effects of alcohol, other drugs and gambling.

Values

- We value people, treat them with respect and believe in their ability to succeed.
- We value individuals, families and communities as partners in addressing addiction problems.
- We value staff, and their knowledge, skills, creativity, initiative and expertise.
- We value service delivery that is grounded in research and experience.

PERFORMANCE HIGHLIGHTS

Core Business: Information

AADAC provides information on alcohol, other drug and gambling issues, and AADAC services. Albertans and other stakeholders receive evidence-based information on best practice, current issues and emerging trends. Reports, brochures, videos, posters and other resource materials are available from AADAC offices and clinics, and through AADAC's website at **www.aadac.com**.

GOAL: To inform Albertans about alcohol, other drug and gambling issues and AADAC Services.

ACHIEVEMENTS: AADAC released results from The Alberta Youth Experience Survey 2002. This province-wide survey of junior and senior high school students provides recent information on youth substance use and gambling in Alberta. AADAC also released the report Substance Use and Gambling in the Alberta Workplace 2002, a study replicating research conducted by AADAC in 1992. Results provide updated estimates of alcohol and drug use in the workplace as well as baseline estimates of employee tobacco use and gambling.

AADAC is a key member of the Canadian Addiction Survey, National Advisory Committee. The Canadian Addiction Survey is being conducted to support the renewed Canadian Drug Strategy. Results will provide current provincial and national information on adult alcohol and illicit drug use.

AADAC launched the Truth About Tobacco website. The site includes information on prevention and smoking cessation, and provides updates on the Alberta Tobacco Reduction Strategy programs and media campaigns.

AADAC continued to work with the Alberta Gaming and Liquor Commission (AGLC) to deliver problem gambling intervention training for gaming vendors/operators in the province.

RESULTS: Performance targets for information services were exceeded. In 2003-2004, 89% of Albertans were aware of AADAC services, and the number of visitors to AADAC websites increased 58.7%.

MEASURE	TARGET 2003-04	ACTUAL 2003-04
Percentage of Albertans who are aware of AADAC services	70%	89%
Number of visitors to AADAC websites	5% increase	454,724

Source: Population Research Laboratory, University of Alberta, 2004 Alberta Survey; Alberta Innovation and Science (2003-04)

Core Business: Prevention

AADAC provides programs and services that enhance protective factors and reduce risk factors for substance abuse and problem gambling. Prevention services include early intervention, education and training programs.

GOAL: To prevent the development of and reduce the harms associated with alcohol, other drug and gambling problems.

ACHIEVEMENTS: AADAC continued to lead and coordinate the Alberta Tobacco Reduction Strategy. AADAC launched a multimedia tobacco reduction campaign that included prevention posters for youth, a brochure designed to help parents talk to their children about tobacco, and three television ads targeting 12- to 14-year-olds and their parents. In conjunction with Alberta Learning, AADAC distributed the video *Barb Tarbox: A Life Cut Short By Tobacco* to 2,500 Alberta schools. The video portrays the anti-smoking message delivered by Barb Tarbox to students during her speaking tour.

To support the Early Childhood Development Initiative and Enhanced Services for Women (ESW), AADAC developed *The Help Kit*. AADAC provided training on this resource package designed to help community professionals to better screen, intervene and refer pregnant women to treatment programs. AADAC also designed posters to increase awareness of the risks associated with substance use during pregnancy.

As part of the comprehensive School Strategy, AADAC distributed *Leaps and Bounds*, a curriculum-aligned resource for grades 5 to 6. AADAC also introduced redesigned websites for parents and teachers.

In partnership with Alberta Children's Services, the Alberta Medical Association and Alberta College of Physicians and Surgeons, AADAC supported the development and launch of a multi-media fetal alcohol spectrum disorder (FASD) prevention campaign.

RESULTS: One performance target for prevention services was exceeded and one was not met. In 2003-2004, the prevalence of smoking among Alberta youth was 13.9% and 4.0% of Alberta women reported alcohol consumption during pregnancy.

MEASURE	TARGET 2003-04	ACTUAL 2003-04
Prevalence of smoking among Alberta youth	16%	13.9%
Percentage of women who reported alcohol consumption during pregnancy	3.8%	4.0%

Source: Canadian Community Health Survey (2003); Health Surveillance, Alberta Health and Wellness (2002)

Core Business: Treatment

AADAC provides programs and services that help people improve or recover from the harmful effects of alcohol, other drugs and problem gambling. Services include community-based outpatient counselling and day programs as well as short- and long-term residential treatment services that provide a structured environment. Crisis services include detoxification, emergency counselling, referrals and overnight shelter. Specialized programs are available for youth, women, men, Aboriginal people, business and industry referrals and those with opiate dependency. A toll-free, 24-hour Help Line is available province-wide at 1-866-33AADAC (1-866-332-2322).

GOAL: To provide treatment programs and services that assist Albertans to improve or recover from the harmful effects of alcohol, other drug and gambling problems.

ACHIEVEMENTS: In 2003-2004, AADAC opened the Calgary Opiate Dependency Program in collaboration with Calgary Health Region. This expansion increases accessibility to the program, particularly for people living in southern Alberta. AADAC also opened a satellite office in Airdrie to better meet the needs of individuals and families living in this growing community.

AADAC introduced a pilot project at the Henwood Treatment Centre for residential clients who choose to receive treatment for their tobacco use along with treatment for their alcohol, other drug or gambling concerns.

AADAC increased funding to service providers offering tobacco cessation programs. Fifteen Young Adult Tobacco Reduction Grants were awarded to community groups for the development of innovative tobacco-related programs, policies and projects. AADAC continued to fund Kick the Nic youth tobacco cessation programs.

AADAC continued to collaborate with Regional Health Authorities to support delivery of addiction treatment services in health care settings. AADAC also continued to provide crisis counselling and referral through the toll-free AADAC Help Line.

RESULTS: The performance targets for treatment services were exceeded or met. In 2003-2004, 96% of clients reported they were "somewhat satisfied" or "very satisfied" with services received and 93% of clients reported they were "abstinent" or "improved" three months after treatment.

MEASURE	TARGET 2003-04	ACTUAL 2003-04
Percentage of clients who are satisfied with AADAC treatment services	95%	96%
Percentage of clients reporting they were improved following treatment.*	93%	93%

Source: AADAC Treatment Follow-up Survey database
* Improvement was indicated if clients were "abstinent" or "improved" three months after treatment.

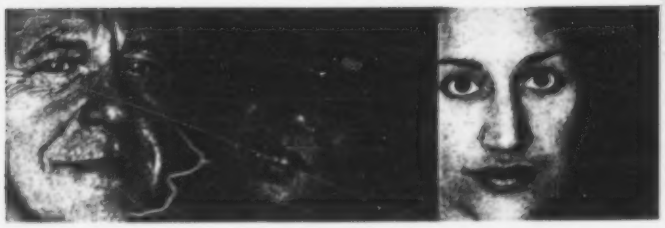
CROSS MINISTRY INITIATIVES

HEALTH SUSTAINABILITY INITIATIVE: AADAC is a core partner on the Health Sustainability Initiative (HSI) participating on the Partnering Deputies Committee as well as sub-committees such as the Healthy Aging Task Group and the Low Income Working Group. In addition, AADAC contributed to the HSI through the Family Violence and Mental Health Diversion Projects, the Alberta Tobacco Reduction Strategy, Enhanced Services for Women and the AADAC Youth Strategy.

CHILDREN AND YOUTH SERVICES INITIATIVE: AADAC is a member of the Alberta Children and Youth Services Initiative (ACYI) Partnering Deputies Committee, and the ACYI Coordinating Committee. The Commission contributed to the Provincial Protection of Children Involved in Prostitution (PChIP) Committee, the Aboriginal Suicide Prevention Strategies Working Committee and the Provincial Young Offenders Mental Health Services Committee. AADAC also co-led with Alberta Children's Services the Alberta FASD (fetal alcohol spectrum disorder) Cross-Ministry Committee and, as a member of the Canada Northwest FASD Partnership, helped to organize the 2003 Canada Northwest FASD Partnership Conference: Our Communities...Our Strength.

ABORIGINAL POLICY INITIATIVE: AADAC contributed to the Aboriginal Policy Initiative (API) through participation on the API Interdepartmental Committee responsible. AADAC supported the development of the Aboriginal Policy Checklist, designed to assist Ministries working with Aboriginal communities. AADAC funded four new community addiction initiatives: Cold Lake Native Friendship Centre, Muskosagayigun Cultural Centre, Oldman River Cultural Centre and Lac La Biche Native Friendship Centre. As part of the Aboriginal Tobacco Use Strategy, AADAC approved 25 community grants to deliver prevention, education and cessation programs to Aboriginal Albertans living off reserve. An Aboriginal Guiding Circle provides advice to the strategy.

ECONOMIC DEVELOPMENT STRATEGY: AADAC supported the Economic Development Strategy as a member of the Alberta Advisory Committee on Impairment in the Workplace.



SUBSTANCE USE IN ALBERTA

Alcohol

- Alcohol is the drug of choice for most Albertans.
- In 2000-01, 79.6% of Albertans (15 years of age and older) were current drinkers.
- In 2002, 56.3% of Alberta adolescents (grades 7 to 12) reported drinking alcohol at least once in the last 12 months.
- Per capita alcohol consumption in Alberta (8.7 litres of absolute alcohol) was higher than the national average (7.7 litres) in 2001-02.

Other Drugs

- The most popular illicit drug in Alberta is cannabis (marijuana and hashish).
- In 2002, 13.1% of Albertans (15 and older) reported current use of cannabis.
- Among Alberta youth, 26.6% reported using cannabis in the year prior to the survey. Fewer youth reported using other drugs like mescaline/magic mushrooms (10.4%), inhalants (5.6%), club drugs (5.3%) such as ecstasy and crystal meth (methamphetamine) and hallucinogens (3.9%).

Tobacco

- In 2002, 23% of Albertans (12 and older) were current smokers, 18% being current daily smokers and 5% occasional smokers.
- In 2002, 18% of Albertans between the ages of 12 and 19 years were current, daily or occasional smokers.

Gambling

- Eighty-two per cent (82.0%) of Albertans (18 and older) are current gamblers.
- Approximately 5% of adult Albertans experience moderate to severe problems related to their gambling.
- In 2002, 41.2% of Alberta youth reported gambling and 9.5% were classified as problem or hazardous gamblers.

AADAC

Alberta Alcohol and Drug Abuse Commission
An Agency of the Government of Alberta

For more information, contact your local AADAC office,
call 1-866-33AADAC or visit our website www.aadac.com

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